



UNIFORM TRASH COLLECTION EXEMPTION REQUEST

Commercial Properties

July 1, 2005 - June 30, 2006

Section 1. REQUIRED INFORMATION

Date: _____ Assessor's Parcel Number (APN): _____

A. Property Information for which Exemption is being Requested:

Number	Street Name	City	State	Zip Code
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B. Please describe (i.e. building contractor, church, etc.): _____

C. Name and telephone number of property owner :

First Name	Last Name	Telephone Number
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D. Mailing address **IF** different from property address for which exemption is requested:

E. I presently _____ Own _____ Rent the premises identified in "A" above.

F. I understand that all exemptions are conditional and that County Code Enforcement Officers may inspect my property to ensure proper visual and sanitary storage of trash. I also understand that valid complaints from my neighbors regarding the improper storage of garbage/trash on my property will result in the immediate revocation of the exemption.

Signature of Person Requesting Exemption

Date

Section 2. REQUIRED DOCUMENTATION:

1. Identify vehicles and equipment that will be used for transporting trash/garbage, i.e vehicle type, license number. Attach sheet if more than two (2) vehicles used.

Vehicle Type	License #
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2. Attach copy of Health and Safety Permit issue by San Bernardino County Public Health Department Environmental Health Services Division (909) 387-4655 or other verification that vehicles to be used to transport garbage/trash from premises meet standards prescribed by the California Vehicle Code. {what other verification is there}

3. Attach verification of a credit account with the Division of Solid Waste Management for disposal of refuse at a County owned transfer station or landfill, **or** a copy of the tax bill for the property for which the exemption is requested that contains a fee entitled **“SWMD Land Use Fee.”** Applicants that obtain a credit account must maintain the account in good standing at all times.

I certify under penalty of perjury that all waste from the premises identified in Section one (1) will be properly handled and disposed of as described above. I understand that as a condition of the continuation of this exemption I, or my representative, must re-apply prior to July 1, 2006. I understand that, should it be approved, the County, for good cause, may revoke the exemption.

Signature

Date

Applicants: Beginning February 1, 2005, a non-refundable application fee of \$15 in the form of a check or money order (no cash) payable to San Bernardino County must be included with this Application.

*I understand that San Bernardino County Code Section 33.0805(b). **Refuse Removal** requires all waste which contains garbage produced or accumulated in or about hotels, food establishments, or other businesses shall be removed from the premises at least twice (2 times) within a seven (7) day period to an approved solid waste facility. Rubbish that does not contain garbage shall be removed once every fourteen (14) days.*

Signature

Date

WHEN COMPLETED, MAIL THIS FORM TO:

County of San Bernardino
SOLID WASTE MANAGEMENT DIVISION
222 West Hospitality Lane
San Bernardino, CA 92415-0017
(909) 386-8701 - Office (909) 386-8900 - Fax
ATTENTION: UNIFORM HANDLING EXEMPTIONS

OFFICE USE ONLY
EXEMPTION STATUS/DATE
IF NO, PLEASE EXPLAIN

☐ APPROVED

☐ NOT APPROVED